

**South Dakota Department of Revenue
Malt Beverage Tax Report**

Mail To: Special Tax Division, Department of Revenue, 445 E Capitol Ave, Pierre, SD 57501

Name: _____ License No: _____
Address: _____ Month of: _____
City & State: _____ Phone Number: _____
(Zip Code)

Part A	Malt Beverages 31 Gallon Barrels
1. INVENTORY (beginning of month)	
2. INVENTORY (end of month)	
3. SALES DURING MONTH (Barrels)	
4. RECEIPTS AND IMPORTS	
5. DEDUCTIONS	
a. Returned to Manufacturer	
b. Breakage - (carrier, warehouse & delivery)	
c. Tax Paid Purchases	
6. TOTAL DEDUCTIONS Total of 5 a, b, & c	
7. NET TAXABLE BBLS. (line 4 minus line 6)	

Part B - Tax Computation:

A. Malt Beverage (from Line 7)
_____ Bbbs. x \$8.50 = \$ _____

B. Interest \$ _____

C. Penalty \$ _____

D. Total Tax, Penalty and Interest Due \$ _____

**REPORT MUST BE FILED WITH FULL PAYMENT, ON OR BEFORE THE 25TH DAY OF
THE SECOND MONTH FOLLOWING THE REPORTING PERIOD**

I declare under the penalty of perjury that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature of Licensee _____ Date _____

Signature of Preparer _____
(If other than Licensee)

(For Office Use)

Malt Beverage No. 0086 \$ _____

Part C			Malt Beverages Received During Month
			Malt Beverages
Date Received	Invoice Number	Supplier	Barrels
TOTALS			
PURCHASED FROM WHOLESALERS WITHIN THE STATE (detail for line 5c)			
TOTALS			